

United States Bankruptcy Court DISTRICT OF MINNESOTA MINNEAPOLIS DIVISION				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Zegland, Diane K			Name of Joint Debtor (Spouse) (Last, First, Middle): Zegland, Dean G		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-0711			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-2891		
Street Address of Debtor (No. and Street, City, and State): 543 109th Avenue NW Coon Rapids, MN			Street Address of Joint Debtor (No. and Street, City, and State): 841 Mississippi St. NE Fridley, MN		
ZIP CODE 55448			ZIP CODE 55421		
County of Residence or of the Principal Place of Business: Anoka			County of Residence or of the Principal Place of Business: Anoka		
Mailing Address of Debtor (if different from street address): 543 109th Avenue NW Coon Rapids, MN			Mailing Address of Joint Debtor (if different from street address): 841 Mississippi St. NE Fridley, MN		
ZIP CODE 55448			ZIP CODE 55421		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIP CODE					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Diane K Zegland Dean G Zegland	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> <div> X <u>/s/ Patrick L. Hayes</u> Patrick L. Hayes </div> <div style="text-align: right;"> <u>6/19/2014</u> Date </div> </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: right; margin-right: 100px;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: right; margin-right: 100px; margin-top: 20px;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Diane K Zegland**
Dean G Zegland**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Diane K Zegland
Diane K Zegland**X** /s/ Dean G Zegland
Dean G Zegland

Telephone Number (If not represented by attorney)

6/19/2014

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** _____

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)_____
Date**Signature of Attorney*****X** /s/ Patrick L. Hayes
Patrick L. HayesBar No. **0389869****Marso and Michelson, P.A.**
3101 Irving Avenue South
Minneapolis, MN 55408Phone No. **(612) 821-4817** Fax No. **(612) 821-4826**6/19/2014

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual_____
Printed Name of Authorized Individual_____
Title of Authorized Individual_____
Date**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer_____
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)_____
Address**X** __________
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

In re **Diane K Zegland**
Dean G Zegland

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
543 109th Avenue NW, Coon Rapids, MN 55448 Northdale 7th Addition Lote 13 Blk 1 Northdale 7th Add-Subj to 15 FT Util & Drain Ease Along N Line in Anoka County, Minnesota.	homestead	J	\$120,900.00	\$0.00

Total: \$120,900.00

(Report also on Summary of Schedules)

In re **Diane K Zegland**
Dean G Zegland

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		COH	J	\$50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Sharepoint Credit Union 3001	J	\$15.37
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		Furniture and electronics	J	\$625.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books and figurines	J	\$60.00
6. Wearing apparel.		clothing and shoes	J	\$350.00
7. Furs and jewelry.		wedding ring	J	\$410.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		National Guardian Life Insurance Policy	H	\$5,964.01

In re **Diane K Zegland**
Dean G Zegland

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Vangaurd Pension	H	\$149,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

In re **Diane K Zegland**
Dean G Zegland

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2005 Saturn Ion 44,000 miles, cracked bumper	H	\$3,870.00
26. Boats, motors, and accessories.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Diane K Zegland**
Dean G Zegland

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		income earned prior to filing.	H	\$487.72
<p style="text-align: right;">3 continuation sheets attached</p> <p>(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)</p>				<p>Total > \$160,832.10</p>

In re **Diane K Zegland**
Dean G Zegland

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
543 109th Avenue NW, Coon Rapids, MN 55448 Northdale 7th Addition Lote 13 Blk 1 Northdale 7th Add-Subj to 15 FT Util & Drain Ease Along N Line in Anoka County, Minnesota.	Minn. Stat. §§ 510.01, 510.02	\$120,900.00	\$120,900.00
Furniture and electronics	Minn. Stat. § 550.37(4)(b)	\$625.00	\$625.00
Books and figurines	Minn. Stat. § 550.37(4)(b)	\$60.00	\$60.00
clothing and shoes	Minn. Stat. § 550.37(4)(a)	\$350.00	\$350.00
wedding ring	Minn. Stat. § 550.37(4)(c)	\$410.00	\$410.00
National Guardian Life Insurance Policy	Minn. Stat. § 550.37(23)	\$5,964.01	\$5,964.01
Vangaurd Pension	Minn. Stat. § 550.37(24)	\$138,000.00	\$149,000.00
	11 U.S.C. § 522(n)	\$11,000.00	
2005 Saturn Ion 44,000 miles, cracked bumper	Minn. Stat. § 550.37(12)(a)	\$3,870.00	\$3,870.00
income earned prior to filing.	Min. Stat. § 571.921, 922, 550.37(13)	\$0.00 \$365.79	\$487.72
		\$281,179.01	\$281,666.73

* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

In re **Diane K Zegland**
Dean G Zegland

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Subtotal (Total of this Page) >						\$0.00	\$0.00
Total (Use only on last page) >						\$0.00	\$0.00

_____**No**____ continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (04/13)

In re **Diane K Zegland**
Dean G Zegland

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☐ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

** Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

No continuation sheets attached

B6F (Official Form 6F) (12/07)

In re **Diane K Zegland**
Dean G ZeglandCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Allina Health PO Box 77008 Minneapolis, MN 55480-7708	W	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				\$0.00
ACCT #: xxxxxxxxxxx5462 Bk Of Amer Po Box 982235 El Paso, TX 79998	J	DATE INCURRED: 09/08/2005 CONSIDERATION: Credit Card REMARKS: Current Account Account Closed By Consumer				\$0.00
ACCT #: Capital One Bank (USA) N.A. P.O. Box 60599 City of Industry, CA 91716-0599	W	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT #: xxxxxxxxxxx7110 Chase Po Box 15298 Wilmington, DE 19850	J	DATE INCURRED: 12/16/2004 CONSIDERATION: Credit Card REMARKS: Current Account Account Closed By Grantor				\$0.00
ACCT #: Comcast 1701 John Kennedy Blvd. Philidelphia, PA 19103	J	DATE INCURRED: CONSIDERATION: Cable Services REMARKS:				\$0.00
ACCT #: Como Law Firm PO Box 130668 St. Paul, MN 55113	J	DATE INCURRED: CONSIDERATION: Debt collector REMARKS:				\$0.00
Subtotal >						\$0.00
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Diane K Zegland**
Dean G ZeglandCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #:		DATE INCURRED:				
Convergent Outsourcing Inc.	W	CONSIDERATION:				
800 SW 39th St.		Notice Only				
PO Box 9004		REMARKS:				
Renton, WA 98057		Paypal				\$0.00
ACCT #: xxxxxxxxxxxx9211		DATE INCURRED: 11/24/1997				
Discover Fin	J	CONSIDERATION:				
Pob 15316		Credit Card				
Wilmington, DE 19850		REMARKS:				
		Current Account				\$0.00
		Account Closed By Consumer				
ACCT #: xxxxxxxxxxxx4603		DATE INCURRED: 01/01/1986				
Gemb/walmart	J	CONSIDERATION:				
Attn: Bankruptcy		Charge Account				
PO Box 103104		REMARKS:				
Roswell, GA 30076		Transferred				\$0.00
		Account Closed				
ACCT #:		DATE INCURRED:				
Gurstel Chargo, P.A.	J	CONSIDERATION:				
6681 Country Club Drive		debt collector				
Golden Valley, MN 55427		REMARKS:				
						\$0.00
ACCT #:		DATE INCURRED:				
Heltzer & Houghtaling, P.A.	W	CONSIDERATION:				
413 Wacouta Street		Notice Only				
Suite 430		REMARKS:				
St. Paul, MN 55101						\$0.00
ACCT #: xxxxxxxxxxxx3969		DATE INCURRED: 07/01/1988				
Kohls/capone	J	CONSIDERATION:				
N56 W 17000 Ridgewood Dr		Charge Account				
Menomonee Falls, WI 53051		REMARKS:				
		Current Account				\$0.00
		Account Closed				
		INACTIVE ACCOUNT				

Sheet no. 1 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$0.00

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Diane K Zegland**
Dean G ZeglandCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Messerli & Kramer, P.A. 3033 Campus Drive, Suite 250 Plymouth, MN 55441	W	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				\$0.00
ACCT #: Millennium Credit Consultants PO Box 18160 West St. Paul, MN 55118-0160	J	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				\$0.00
ACCT #: Minneapolis Clinic of Neurology, Ltd. PO Box 860230 Minneapolis, MN 55486-1934	W	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				\$0.00
ACCT #: Minnesota Gastroenterology, P.A. PO Box 14829 Minneapolis, MN 55414-0829	J	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				\$0.00
ACCT #: xxxxxxxxxxxx1285 Ntl Acct Srv 1246 University Av Saint Paul, MN 55104	J	DATE INCURRED: CONSIDERATION: Unknown Loan Type REMARKS:				\$212.00
ACCT #: Paypal Inc. 2211 North First Street San Jose, California 95131	J	DATE INCURRED: CONSIDERATION: Paypal billing REMARKS:				\$312.27

Sheet no. 2 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$524.27

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Diane K Zegland**
Dean G ZeglandCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx1606 Sears/cbna Po Box 6282 Sioux Falls, SD 57117	J	DATE INCURRED: 03/13/2005 CONSIDERATION: Credit Card REMARKS: Current Account Account Closed By Consumer				\$0.00
ACCT #: xxxxxxxxxxxx3936 Spiegel/WFNNB WFNNB P.O. Box 182125 Columbus, OH 43218	J	DATE INCURRED: 08/20/2004 CONSIDERATION: Charge Account REMARKS: Current Account				\$0.00
ACCT #: xxxx8917 Stellar Rec 1327 Highway 2 Wes Kalispell, MT 59901	J	DATE INCURRED: CONSIDERATION: Unknown Loan Type REMARKS:				\$183.00
ACCT #: Stellar Recovery, Inc. 1327 Highway 2 W. Suite 100 Kalispell, MT 59901-3413	J	DATE INCURRED: CONSIDERATION: Debt Collector REMARKS:				\$0.00
ACCT #: xxxxxxxx0210 Target Credit Card (TC) C/O Financial & Retail Services Mailstop BT P.O. Box 9475 Minneapolis, MN 55440	J	DATE INCURRED: 04/30/1982 CONSIDERATION: Charge Account REMARKS: Transferred Account Closed PURCHASED BY ANOTHER LENDER				\$0.00
ACCT #: TCF Bank 801 Marquette Avenue Minneapolis, MN 55402	J	DATE INCURRED: CONSIDERATION: Overdrawn account REMARKS:				\$0.00

Sheet no. 3 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$183.00

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Diane K Zegland**
Dean G ZeglandCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: TCF Bank 801 Marquette Avenue Minneapolis, MN 55402	J	DATE INCURRED: CONSIDERATION: Overdrawn account REMARKS:				\$0.00
ACCT #: The Good Cook PO Box 916400 Rantoul, IL 61866-6400	J	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				\$0.00
ACCT #: The Window Store Home Improvements, Inc. 2924 Anthony Lane Suite 115 St. Anthony, MN 55418	W	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				\$0.00
ACCT #: US Bank National Association ND 3305 Plymouth Blvd Plymouth, MN 55447	J	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				\$0.00
ACCT #: xxxxxxxxxxxx4828 Wells Fargo Card Ser 1 Home Campus 3rd Floor Des Moines, IA 50328	J	DATE INCURRED: 06/22/2000 CONSIDERATION: Credit Card REMARKS: Current Account Account Closed By Consumer				\$0.00

Sheet no. 4 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$0.00

Total >

\$707.27(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re **Diane K Zegland**
Dean G Zegland

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Diane K Zegland**
Dean G Zegland

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1	Diane	K	Zegland
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Dean	G	Zegland
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA			
Case number (if known) _____			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☐ Employed
☒ Not employed

Occupation**unemployed****Employer's name****Employer's address**

Number Street

City

State Zip Code

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Stock**Banner Engineering****15755 32nd Avenue N**

Number Street

Plymouth, MN

City

State Zip Code

How long employed there?

16 years**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$0.00	\$2,139.65
3. Estimate and list monthly overtime pay.	\$0.00	\$116.91
4. Calculate gross income. Add line 2 + line 3.	\$0.00	\$2,256.56

Debtor 1 **Diane** **K** **Zegland** Case number (if known) _____
 First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$0.00	\$2,256.56
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$0.00	\$375.79
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$70.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.00	\$271.31
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: Dental	5h. + \$0.00	\$21.55
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$0.00	\$738.65
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$0.00	\$1,517.91
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: ---	8f. \$385.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$580.03
8h. Other monthly income. Specify: _____	8h. + \$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$385.00	\$580.03
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$385.00 + \$2,097.94 = \$2,482.94	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12. \$2,482.94	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Diane	K	Zegland
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Dean	G	Zegland
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA			
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses**4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4.	_____
4a.	\$113.00
4b.	\$97.00
4c.	_____
4d.	_____

Debtor 1 **Diane** **K** **Zegland** Case number (if known) _____
 First Name Middle Name Last Name

Your expenses

5. Additional mortgage payments for your residence , such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$159.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$29.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$117.00</u>
6d. Other. Specify: _____	6d.	_____
7. Food and housekeeping supplies	7.	<u>\$600.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$60.00</u>
10. Personal care products and services	10.	<u>\$80.00</u>
11. Medical and dental expenses	11.	<u>\$425.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$350.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$150.00</u>
14. Charitable contributions and religious donations	14.	<u>\$5.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$17.00</u>
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$70.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

Debtor 1 **Diane** **K** **Zegland** Case number (if known) _____
 First Name Middle Name Last Name

21. Other. Specify: _____ 21. + _____

22. **Your monthly expenses.** Add lines 4 through 21.
 The result is your monthly expenses.

22. **\$2,272.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. **\$2,482.94**

23b. Copy your monthly expenses from line 22 above.

23b. - **\$2,272.00**

23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income.

23c. **\$210.94**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

None.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION**

In re **Diane K Zegland**
Dean G Zegland

Case No.

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$120,900.00		
B - Personal Property	Yes	4	\$160,832.10		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1			\$0.00
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1			\$0.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5			\$707.27
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			
J - Current Expenditures of Individual Debtor(s)	Yes	3			
TOTAL		20	\$281,732.10	\$707.27	

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION**

In re **Diane K Zegland**
Dean G Zegland

Case No.

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 12)	\$2,482.94
Average Expenses (from Schedule J, Line 22)	\$2,272.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$3,996.98

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$707.27
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$707.27

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Diane K Zegland**
Dean G Zegland

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ **22** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **6/19/2014** _____

Signature **/s/ Diane K Zegland**
Diane K Zegland

Date **6/19/2014** _____

Signature **/s/ Dean G Zegland**
Dean G Zegland

[If joint case, both spouses must sign.]

Document Page 27 of 59
UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION

In re: **Diane K Zegland**
Dean G Zegland

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$33,536.00	2012 Federal and State taxes
\$37,996.00	2013 Federal and State taxes
\$21,545.54	Ytd income from Banner Engineering

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$3,480.18	2013 retire income

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION

In re: **Diane K Zegland**
Dean G Zegland

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 1

4. Suits and administrative proceedings, executions, garnishments and attachments

None

☐

a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
13-s7-03-000469 Diane Zegland vs. Joann M Kaufmann et al	Conciliation	Chisago	Converted Closed
02-cv-09-9073 Capital One Bank USA vs. Dean Zegland, Diane Zegland	Default Judgment	Anoka	Closed
02-cv-13-6161 The Window Store Home Improvements, Inc. vs Dean Zegland, Diane Zegland	Civil Other/Misc.	Anoka	Closed
02-C1-99-002056 Diane Zegland vs. Cindy Combs	Civil Other/Misc.	Anoka	Converted Closed
02-CV-08-1488 US Bank National Association ND vs Diane Zegland	Default judgment	Anoka	Closed

None

☒

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None

☒

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None

☒

a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None

☒

List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION

In re: **Diane K Zegland**
Dean G Zegland

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 2

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Marso and Michelson, P.A. 3101 Irving Avenue South Minneapolis, MN 55408	05/27/2014	\$1,620.00
Abacus Credit Counseling	03/16/14	25.00

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
BMO Harris	Checking 7396 0.00	0.00

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION

In re: **Diane K Zegland**
Dean G Zegland

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 3

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION

In re: **Diane K Zegland**
Dean G Zegland

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 4

18. Nature, location and name of business

None ☒ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☒ a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None ☒ b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case.

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION

In re: **Diane K Zegland**
Dean G Zegland

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 5

21. Current Partners, Officers, Directors and Shareholders

None



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None



b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

None



a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the commencement of this case.

None



b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

None



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the commencement of this case.

24. Tax Consolidation Group

None



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of the case.

25. Pension Funds

None



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within SIX YEARS immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER-IDENTIFICATION NUMBER (EIN)

**Minneapolis Retail Meat Cutters and Food
 Handlers Pension Fund
 580.03 per month**

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 6/19/2014

Signature /s/ Diane K Zegland
 of Debtor Diane K Zegland

Date 6/19/2014

Signature /s/ Dean G Zegland
 of Joint Debtor Dean G Zegland
 (if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
 18 U.S.C. §§ 152 and 3571*

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION**

IN RE: **Diane K Zegland
Dean G Zegland**

CASE NO

CHAPTER 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: None	Describe Property Securing Debt:
<p>Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):</p> <p>Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: None	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input type="checkbox"/> NO <input type="checkbox"/>

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 6/19/2014

Signature /s/ Diane K Zegland
Diane K Zegland

Date 6/19/2014

Signature /s/ Dean G Zegland
Dean G Zegland

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION

In re **Diane K Zegland**
Dean G Zegland

Case No. _____

Chapter 7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Diane K Zegland Dean G Zegland Printed Name(s) of Debtor(s) Case No. (if known) _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 75%;">/s/ Diane K Zegland</td> <td style="width: 20%; text-align: center;">6/19/2014</td> </tr> <tr> <td></td> <td>Signature of Debtor</td> <td>Date</td> </tr> <tr> <td style="text-align: center;">X</td> <td>/s/ Dean G Zegland</td> <td style="text-align: center;">6/19/2014</td> </tr> <tr> <td></td> <td>Signature of Joint Debtor (if any)</td> <td>Date</td> </tr> </table>	X	/s/ Diane K Zegland	6/19/2014		Signature of Debtor	Date	X	/s/ Dean G Zegland	6/19/2014		Signature of Joint Debtor (if any)	Date
X	/s/ Diane K Zegland	6/19/2014											
	Signature of Debtor	Date											
X	/s/ Dean G Zegland	6/19/2014											
	Signature of Joint Debtor (if any)	Date											

Certificate of Compliance with § 342(b) of the Bankruptcy Code

I, Patrick L. Hayes, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

/s/ Patrick L. Hayes _____

Patrick L. Hayes, Attorney for Debtor(s)
 Bar No.: 0389869
 Marso and Michelson, P.A.
 3101 Irving Avenue South
 Minneapolis, MN 55408
 Phone: (612) 821-4817
 Fax: (612) 821-4826
 E-Mail: phayes@marsomichelson.com

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) ONLY if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a JOINT CASE (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income
(\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION

IN RE: **Diane K Zegland**
Dean G Zegland

CASE NO

CHAPTER 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:

\$1,620.00

Prior to the filing of this statement I have received:

\$1,620.00

Balance Due:

\$0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]

(a) analysis of the financial situation and rendering advice and assistance to the debtor in determining whether to file a petition under Title 11 of the United States Code; (b) preparation and filing of the petition, exhibits, attachments, schedules, statements and lists and other documents required by the court; (c) representation of the debtor(s) at the meeting of creditors; (d) negotiations with creditors; and (e) other services reasonably necessary to represent the debtor(s) in this case.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

NONE

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**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION**

IN RE: **Diane K Zegland**
Dean G Zegland

CASE NO

CHAPTER **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

6/19/2014

Date

/s/ Patrick L. Hayes

Patrick L. Hayes

Marso and Michelson, P.A.

3101 Irving Avenue South

Minneapolis, MN 55408

Phone: (612) 821-4817 / Fax: (612) 821-4826

Bar No. 0389869

/s/ Diane K Zegland

Diane K Zegland

/s/ Dean G Zegland

Dean G Zegland

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**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION**

IN RE: **Diane K Zegland**
Dean G Zegland

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 6/19/2014

Signature /s/ Diane K Zegland
Diane K Zegland

Date 6/19/2014

Signature /s/ Dean G Zegland
Dean G Zegland

Allina Health
PO Box 77008
Minneapolis, MN 55480-7708

Bk Of Amer
Po Box 982235
El Paso, TX 79998

Capital One Bank (USA) N.A.
P.O. Box 60599
City of Industry, CA 91716-0599

Chase
Po Box 15298
Wilmington, DE 19850

Comcast
1701 John Kennedy Blvd.
Philidelphia, PA 19103

Como Law Firm
PO Box 130668
St. Paul, MN 55113

Convergent Outsourcing Inc.
800 SW 39th St.
PO Box 9004
Renton, WA 98057

Discover Fin
Pob 15316
Wilmington, DE 19850

Gemb/walmart
Attn: Bankruptcy
PO Box 103104
Roswell, GA 30076

Gurstel Chargo, P.A.
6681 Country Club Drive
Golden Valley, MN 55427

Heltzer & Houghtaling, P.A.
413 Wacouta Street
Suite 430
St. Paul, MN 55101

Kohls/capone
N56 W 17000 Ridgewood Dr
Menomonee Falls, WI 53051

Messerli & Kramer, P.A.
3033 Campus Drive, Suite 250
Plymouth, MN 55441

Millennium Credit Consultants
PO Box 18160
West St. Paul, MN 55118-0160

Minneapolis Clinic of Neurology, Ltd.
PO Box 860230
Minneapolis, MN 55486-1934

Minnesota Gastroenterology, P.A.
PO Box 14829
Minneapolis, MN 55414-0829

Ntl Acct Srv
1246 University Av
Saint Paul, MN 55104

Paypal Inc.
2211 North First Street
San Jose, California 95131

Sears/cbna
Po Box 6282
Sioux Falls, SD 57117

Spiegel/WFNNB
WFNNB
P.O. Box 182125
Columbus, OH 43218

Stellar Rec
1327 Highway 2 Wes
Kalispell, MT 59901

Stellar Recovery, Inc.
1327 Highway 2 W. Suite 100
Kalispell, MT 59901-3413

Target Credit Card (TC)
C/O Financial & Retail Services
Mailstop BT P.O. Box 9475
Minneapolis, MN 55440

TCF Bank
801 Marquette Avenue
Minneapolis, MN 55402

The Good Cook
PO Box 916400
Rantoul, IL 61866-6400

The Window Store Home Improvements, Inc.
2924 Anthony Lane
Suite 115
St. Anthony, MN 55418

US Bank National Association ND
3305 Plymouth Blvd
Plymouth, MN 55447

Wells Fargo Card Ser
1 Home Campus
3rd Floor
Des Moines, IA 50328

Allina Health
PO Box 77008
Minneapolis, MN 55480-7708

Heltzer & Houghtaling, P.A.
413 Wacouta Street
Suite 430
St. Paul, MN 55101

Stellar Rec
1327 Highway 2 Wes
Kalispell, MT 59901

Bk Of Amer
Po Box 982235
El Paso, TX 79998

Kohls/capone
N56 W 17000 Ridgewood Dr
Menomonee Falls, WI 53051

Stellar Recovery, Inc.
1327 Highway 2 W. Suite 100
Kalispell, MT 59901-3413

Capital One Bank (USA) N.A.
P.O. Box 60599
City of Industry, CA 91716-0599

Messerli & Kramer, P.A.
3033 Campus Drive, Suite 250
Plymouth, MN 55441

Target Credit Card (TC)
C/O Financial & Retail
Services
Mailstop BT P.O. Box 9475
Minneapolis, MN 55440

Chase
Po Box 15298
Wilmington, DE 19850

Millennium Credit Consultants
PO Box 18160
West St. Paul, MN 55118-0160

TCF Bank
801 Marquette Avenue
Minneapolis, MN 55402

Comcast
1701 John Kennedy Blvd.
Philidelphia, PA 19103

Minneapolis Clinic of
Neurology, Ltd.
PO Box 860230
Minneapolis, MN 55486-1934

The Good Cook
PO Box 916400
Rantoul, IL 61866-6400

Como Law Firm
PO Box 130668
St. Paul, MN 55113

Minnesota Gastroenterology,
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PO Box 14829
Minneapolis, MN 55414-0829

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Improvements, Inc.
2924 Anthony Lane
Suite 115
St. Anthony, MN 55418

Convergent Outsourcing Inc.
800 SW 39th St.
PO Box 9004
Renton, WA 98057

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1246 University Av
Saint Paul, MN 55104

US Bank National Association
ND
3305 Plymouth Blvd
Plymouth, MN 55447

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Pob 15316
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Paypal Inc.
2211 North First Street
San Jose, California 95131

Wells Fargo Card Ser
1 Home Campus
3rd Floor
Des Moines, IA 50328

Gemb/walmart
Attn: Bankruptcy
PO Box 103104
Roswell, GA 30076

Sears/cbna
Po Box 6282
Sioux Falls, SD 57117

Gurstel Chargo, P.A.
6681 Country Club Drive
Golden Valley, MN 55427

Spiegel/WFNNB
WFNNB
P.O. Box 182125
Columbus, OH 43218

Patrick L. Hayes, Bar No. 0389869
Marso and Michelson, P.A.
3101 Irving Avenue South
Minneapolis, MN 55408
(612) 821-4817
Attorney for the Petitioner

UNITED STATES BANKRUPTCY COURT FOR THE

DISTRICT OF MINNESOTA

MINNEAPOLIS DIVISION

In re:

Case No.:

Diane K Zegland

SSN: **xxx-xx-0711**

Dean G Zegland

SSN: **xxx-xx-2891**

Debtor(s)

Numbered Listing of Creditors

Address:

**543 109th Avenue NW
Coon Rapids, MN 55448**

Chapter: **7**

	Creditor name and mailing address	Category of claim	Amount of claim
1.	Allina Health PO Box 77008 Minneapolis, MN 55480-7708	Unsecured Claim	
2.	Bk Of Amer Po Box 982235 El Paso, TX 79998 xxxxxxxxxxxx5462	Unsecured Claim	\$0.00
3.	Capital One Bank (USA) N.A. P.O. Box 60599 City of Industry, CA 91716-0599	Unsecured Claim	
4.	Chase Po Box 15298 Wilmington, DE 19850 xxxxxxxxxxxx7110	Unsecured Claim	\$0.00
5.	Comcast 1701 John Kennedy Blvd. Philidelphia, PA 19103	Unsecured Claim	
6.	Como Law Firm PO Box 130668 St. Paul, MN 55113	Unsecured Claim	

in re: **Diane K Zegland**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
7.	Convergent Outsourcing Inc. 800 SW 39th St. PO Box 9004 Renton, WA 98057	Unsecured Claim	
8.	Discover Fin Pob 15316 Wilmington, DE 19850 xxxxxxxxxxx9211	Unsecured Claim	\$0.00
9.	Gemb/walmart Attn: Bankruptcy PO Box 103104 Roswell, GA 30076 xxxxxxxxxxx4603	Unsecured Claim	\$0.00
10.	Gurstel Chargo, P.A. 6681 Country Club Drive Golden Valley, MN 55427	Unsecured Claim	
11.	Heltzer & Houghtaling, P.A. 413 Wacouta Street Suite 430 St. Paul, MN 55101	Unsecured Claim	
12.	Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 xxxxxxxxxxx3969	Unsecured Claim	\$0.00
13.	Messerli & Kramer, P.A. 3033 Campus Drive, Suite 250 Plymouth, MN 55441	Unsecured Claim	
14.	Millennium Credit Consultants PO Box 18160 West St. Paul, MN 55118-0160	Unsecured Claim	
15.	Minneapolis Clinic of Neurology, Ltd. PO Box 860230 Minneapolis, MN 55486-1934	Unsecured Claim	

in re: **Diane K Zegland**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
16.	Minnesota Gastroenterology, P.A. PO Box 14829 Minneapolis, MN 55414-0829	Unsecured Claim	
17.	Ntl Acct Srv 1246 University Av Saint Paul, MN 55104 xxxxxxxxxxx1285	Unsecured Claim	\$212.00
18.	Paypal Inc. 2211 North First Street San Jose, California 95131	Unsecured Claim	\$312.27
19.	Sears/cbna Po Box 6282 Sioux Falls, SD 57117 xxxxxxxxxxx1606	Unsecured Claim	\$0.00
20.	Spiegel/WFNNB WFNNB P.O. Box 182125 Columbus, OH 43218 xxxxxxxxxxx3936	Unsecured Claim	\$0.00
21.	Stellar Rec 1327 Highway 2 Wes Kalispell, MT 59901 xxxx8917	Unsecured Claim	\$183.00
22.	Stellar Recovery, Inc. 1327 Highway 2 W. Suite 100 Kalispell, MT 59901-3413	Unsecured Claim	
23.	Target Credit Card (TC) C/O Financial & Retail Services Mailstop BT P.O. Box 9475 Minneapolis, MN 55440 xxxxxxx0210	Unsecured Claim	\$0.00
24.	TCF Bank 801 Marquette Avenue Minneapolis, MN 55402	Unsecured Claim	

in re: **Diane K Zegland**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
25.	TCF Bank 801 Marquette Avenue Minneapolis, MN 55402	Unsecured Claim	
26.	The Good Cook PO Box 916400 Rantoul, IL 61866-6400	Unsecured Claim	
27.	The Window Store Home Improvements, Inc. 2924 Anthony Lane Suite 115 St. Anthony, MN 55418	Unsecured Claim	
28.	US Bank National Association ND 3305 Plymouth Blvd Plymouth, MN 55447	Unsecured Claim	
29.	Wells Fargo Card Ser 1 Home Campus 3rd Floor Des Moines, IA 50328 xxxxxxxxxxxx4828	Unsecured Claim	\$0.00

(The penalty for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Diane K Zegland**

named as debtor in this case, declare under penalty of perjury that I have read the foregoing *Numbered Listing of Creditors*, consisting of 4 sheets (including this declaration), and that it is true and correct to the best of my information and belief.

Debtor: /s/ Diane K Zegland
Diane K Zegland

Date: 6/19/2014

Spouse: /s/ Dean G Zegland
Dean G Zegland

Date: 6/19/2014

B22A (Official Form 22A) (Chapter 7) (04/13)In re: **Diane K Zegland****Dean G Zegland**

Case Number:

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
- ☒ The presumption does not arise.
- ☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS	
1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p style="margin-left: 40px;">a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <p style="margin-left: 80px;"><input type="checkbox"/> I remain on active duty /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="margin-left: 80px;">OR</p> <p style="margin-left: 40px;">b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

B22A (Official Form 22A) (Chapter 7) (04/13)

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."</p> <p>Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above.</p> <p>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p>				
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>				
3	<p>Gross wages, salary, tips, bonuses, overtime, commissions.</p>			<p>Column A</p> <p>Debtor's Income</p>	<p>Column B</p> <p>Spouse's Income</p>
4	<p>Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p>			<p>Column A</p> <p>Debtor's Income</p>	<p>Column B</p> <p>Spouse's Income</p>
	a. Gross receipts	\$0.00	\$0.00		
	b. Ordinary and necessary business expenses	\$0.00	\$0.00		
	c. Business income	Subtract Line b from Line a			
\$0.00	\$0.00				
5	<p>Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p>			<p>Column A</p> <p>Debtor's Income</p>	<p>Column B</p> <p>Spouse's Income</p>
	a. Gross receipts	\$0.00	\$0.00		
	b. Ordinary and necessary operating expenses	\$0.00	\$0.00		
	c. Rent and other real property income	Subtract Line b from Line a			
\$0.00	\$0.00				
6	<p>Interest, dividends, and royalties.</p>			\$0.00	\$0.00
7	<p>Pension and retirement income.</p>			\$0.00	\$580.00
8	<p>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.</p>			<p>Column A</p> <p>Debtor's Income</p>	<p>Column B</p> <p>Spouse's Income</p>
	\$0.00	\$0.00			
9	<p>Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p>			<p>Column A</p> <p>Debtor's Income</p>	<p>Column B</p> <p>Spouse's Income</p>
	<p>Unemployment compensation claimed to be a benefit under the Social Security Act</p>	<p>Debtor</p> <p>\$0.00</p>	<p>Spouse</p> <p>\$0.00</p>		
\$0.00	\$0.00				

B22A (Official Form 22A) (Chapter 7) (04/13)

10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.								
	<table border="1"> <tr> <td>a.</td> <td>Anoka County Economic Assistance</td> <td>\$203.00</td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> </table>	a.	Anoka County Economic Assistance	\$203.00	b.				
a.	Anoka County Economic Assistance	\$203.00							
b.									
	Total and enter on Line 10	\$203.00	\$0.00						
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$203.00	\$3,793.98						
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$3,996.98							

Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$47,963.76
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Minnesota</u> b. Enter debtor's household size: <u>2</u>	\$65,398.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.										
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.										
	<table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table>	a.			b.			c.			
a.											
b.											
c.											
	Total and enter on Line 17.										
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.										

Part V. CALCULATION OF DEDUCTIONS FROM INCOME**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	
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B22A (Official Form 22A) (Chapter 7) (04/13)

19B		<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Persons under 65 years of age</th><th colspan="3">Persons 65 years of age or older</th></tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td><td style="width: 65%;">Allowance per person</td><td style="width: 30%;"></td><td style="width: 5%;">a2.</td><td style="width: 65%;">Allowance per person</td><td style="width: 30%;"></td></tr> <tr> <td>b1.</td><td>Number of persons</td><td></td><td>b2.</td><td>Number of persons</td><td></td></tr> <tr> <td>c1.</td><td>Subtotal</td><td></td><td>c2.</td><td>Subtotal</td><td></td></tr> </tbody> </table>	Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal		
Persons under 65 years of age			Persons 65 years of age or older																								
a1.	Allowance per person		a2.	Allowance per person																							
b1.	Number of persons		b2.	Number of persons																							
c1.	Subtotal		c2.	Subtotal																							
20A		<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>																									
20B		<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%;">a.</td><td style="width: 65%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 30%;"></td></tr> <tr> <td>b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td></td></tr> <tr> <td>c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </tbody> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense		b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42		c.	Net mortgage/rental expense	Subtract Line b from Line a.																
a.	IRS Housing and Utilities Standards; mortgage/rental expense																										
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42																										
c.	Net mortgage/rental expense	Subtract Line b from Line a.																									
21		<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>																									
22A		<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>																									

B22A (Official Form 22A) (Chapter 7) (04/13)

22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>										
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 75%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 20%;"></td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td></td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs		b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42		c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	
a.	IRS Transportation Standards, Ownership Costs										
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42										
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 75%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 20%;"></td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td></td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs		b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42		c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	
a.	IRS Transportation Standards, Ownership Costs										
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42										
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.</p>										
26	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.</p>										
27	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.</p>										
28	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 44.</p>										
29	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>										
30	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.</p>										
31	<p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 34.</p>										

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32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.										
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.										
<p align="center">Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32</p>											
34	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td></td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td></td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td></td> </tr> </table> <p>Total and enter on Line 34</p> <p>IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:</p> <p>_____</p>	a.	Health Insurance		b.	Disability Insurance		c.	Health Savings Account		
a.	Health Insurance										
b.	Disability Insurance										
c.	Health Savings Account										
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.										
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.										
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.										
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).										
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.										

* Amount(s) are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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Subpart C: Deductions for Debt Payment

42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.			
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
	a.			<input type="checkbox"/> yes <input type="checkbox"/> no
	b.			<input type="checkbox"/> yes <input type="checkbox"/> no
	c.			<input type="checkbox"/> yes <input type="checkbox"/> no
			Total: Add Lines a, b and c.	
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
	a.			
	b.			
	c.			
			Total: Add Lines a, b and c	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 28.			
45	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a.	Projected average monthly chapter 13 plan payment.		
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		%
	c.	Average monthly administrative expense of chapter 13 case		Total: Multiply Lines a and b
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			
Subpart D: Total Deductions from Income				
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.			
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))			
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.			

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52	Initial presumption determination. Check the applicable box and proceed as directed.																
	<input type="checkbox"/> The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.																
	<input type="checkbox"/> The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.																
	<input type="checkbox"/> The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).																
53	Enter the amount of your total non-priority unsecured debt																
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.																
55	Secondary presumption determination. Check the applicable box and proceed as directed.																
	<input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.																
	<input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.																
Part VII: ADDITIONAL EXPENSE CLAIMS																	
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 70%;">Expense Description</th> <th style="width: 25%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Add Lines a, b, and c</td> <td></td> </tr> </tbody> </table>			Expense Description	Monthly Amount	a.			b.			c.			Total: Add Lines a, b, and c		
	Expense Description	Monthly Amount															
a.																	
b.																	
c.																	
Total: Add Lines a, b, and c																	
Part VIII: VERIFICATION																	
57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>																
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Date: <u>6/19/2014</u> </div> <div style="width: 50%;"> Signature: <u>/s/ Diane K Zegland</u> Diane K Zegland </div> </div>																
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Date: <u>6/19/2014</u> </div> <div style="width: 50%;"> Signature: <u>/s/ Dean G Zegland</u> Dean G Zegland </div> </div>																

* Amount(s) are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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Current Monthly Income Calculation Details

In re: **Diane K Zegland**
Dean G Zegland

Case Number:
Chapter: **7**

3. Gross wages, salary, tips, bonuses, overtime commissions.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
<u>Spouse</u>	Banner Engineering Group						
	\$3,149.95	\$4,395.55	\$2,923.74	\$2,952.67	\$2,934.11	\$2,927.83	\$3,213.98

7. Pension and retirement income.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
<u>Spouse</u>	Minneapolis RMCFH Pension Fund						
	\$580.00	\$580.00	\$580.00	\$580.00	\$580.00	\$580.00	\$580.00

10. Income from all other sources.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
<u>Debtor</u>	Anoka County Economic Assistance						
	\$203.00	\$203.00	\$203.00	\$203.00	\$203.00	\$203.00	\$203.00

Underlying AllowancesIn re: **Diane K Zegland**
Dean G ZeglandCase Number:
Chapter: **7**

Median Income Information	
State of Residence	Minnesota
Household Size	2
Median Income per Census Bureau Data	\$65,398.00

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous	
Region	US
Family Size	2
Gross Monthly Income	\$3,996.98
Income Level	Not Applicable
Food	\$588.00
Housekeeping Supplies	\$66.00
Apparel and Services	\$162.00
Personal Care Products and Services	\$61.00
Miscellaneous	\$215.00
Additional Allowance for Family Size Greater Than 4	\$0.00
Total	\$1,092.00

National Standards: Health Care (only applies to cases filed on or after 1/1/08)	
Household members under 65 years of age	
Allowance per member	\$60.00
Number of members	0
Subtotal	\$0.00
Household members 65 years of age or older	
Allowance per member	\$144.00
Number of members	0
Subtotal	\$0.00
Total	\$0.00

Local Standards: Housing and Utilities	
State Name	Minnesota
County or City Name	Anoka County
Family Size	Family of 2
Non-Mortgage Expenses	\$489.00
Mortgage/Rent Expense Allowance	\$1,416.00
Minus Average Monthly Payment for Debts Secured by Home	\$0.00
Equals Net Mortgage/Rental Expense	\$1,416.00
Housing and Utilities Adjustment	\$0.00

Underlying AllowancesIn re: **Diane K Zegland**
Dean G ZeglandCase Number:
Chapter: **7**

Local Standards: Transportation; Vehicle Operation/Public Transportation		
Transportation Region	Minneapolis-St. Paul	
Number of Vehicles Operated	1	
Allowance	\$217.00	
Local Standards: Transportation; Additional Public Transportation Expense		
Transportation Region	Minneapolis-St. Paul	
Allowance (if entitled)	\$184.00	
Amount Claimed	\$0.00	
Local Standards: Transportation; Ownership/Lease Expense		
Transportation Region	Minneapolis-St. Paul	
Number of Vehicles with Ownership/Lease Expense	0	
	First Car	Second Car
Allowance		
Minus Average Monthly Payment for Debts Secured by Vehicle		
Equals Net Ownership / Lease Expense		